

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051709

FILED  
Mar 27, 2006  
Secretary of State

**Entity Name:** HERCULES PROFESSIONAL CENTER LLC

**Current Principal Place of Business:**

600 BYPASS DRIVE  
219  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

600 BYPASS DRIVE  
219  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 20-2889295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PATRICK, CELIA  
1854 VENETIAN POINT DRIVE  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATRICK, BRIAN R  
Address: 1854 VENETIAN POINT DRIVE  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: CELIA, PATRICK  
Address: 1854 VENETIAN POINT DRIVE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CELIA PATRICK

MGRM

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date